

HOUSE No. 1540

By Ms. Khan of Newton, petition of Kay Khan and others relative to the treatment of pregnant and postpartum inmates in correctional facilities of the Commonwealth. The Judiciary.

The Commonwealth of Massachusetts

PETITION OF:

Kay Khan	John W. Scibak
Ellen Story	Sarah K. Peake
Ruth B. Balsler	Alice Hanlon Peisch
Timothy J. Toomey, Jr.	Louis L. Kafka
Mary E. Grant	Patricia D. Jehlen
Cleon H. Turner	Martha M. Walz
Susan C. Fargo	Pam Richardson
Denise Provost	Gloria L. Fox
Barbara A. L'Italien	Peter V. Kocot
Stephen Kulik	Susan C. Tucker
Steven J. D'Amico	Thomas M. Stanley
William N. Brownsberger	

In the Year Two Thousand and Seven.

AN ACT RELATIVE TO PREGNANT AND POSTPARTUM INMATES IN STATE PRISONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

- 1 Chapter 127 of the General Laws, as appearing in the 2004 Offi-
- 2 cial Edition, is hereby amended by striking out Section 118 and
- 3 inserting in place thereof the following:—
- 4 Section 118. The department of correction shall provide a fulltime
- 5 perinatal case manager, credentialed in childbirth education and with
- 6 knowledge of high-risk pregnancy and perinatal addiction issues.
- 7 Female inmates, upon admission to a correctional facility, shall be
- 8 screened and assessed for pregnancy, postpartum status and issued
- 9 written material, in a form understandable by each inmate, outlining
- 10 mandated services for pregnant and postpartum inmates.

11 Pregnant and postpartum inmates shall not be housed with any
12 inmate suspected of having a communicable disease that is required
13 to be reported to the department of public health by statute or regula-
14 tion, which is capable of spreading by casual contact, and which
15 could adversely impact pregnancy.

16 Pregnant and postpartum inmates shall have full access to appro-
17 priate prenatal and postpartum care at the correctional facility in
18 which they are housed and at supporting medical facilities with
19 expertise in assessing perinatal addictions. Prenatal care shall
20 include:—

21 a.) Pregnant inmates shall receive appropriate vitamins and iron
22 supplements.

23 b.) Pregnant inmates shall receive a diet with accommodations for
24 nutrients essential to a safe pregnancy and reviewed by a registered
25 dietitian.

26 c.) Pregnant women shall have access to nutritional programs
27 such as the Women, Infants and Children's Program.

28 d.) Pregnant inmates, including pregnant inmates in closed cus-
29 tody units or room detention for disciplinary reasons, shall be per-
30 mitted the opportunity for a minimum of 30 minutes of ambulatory
31 movement each day to prevent thrombosis.

32 e.) Pregnant inmates shall be given maternity clothes and ade-
33 quate provision of appropriate undergarments.

34 f.) Pregnant inmates shall have access to labor and delivery care
35 in an accredited hospital.

36 g.) Pregnant women who are being released from confinement in
37 state and county correctional facilities before childbirth shall be
38 offered referral resources to food and nutrition programs for them-
39 selves and for children who are born while the women are confined
40 in facilities.

41 Pregnant inmates shall have access to prenatal/childbirth educa-
42 tion classes taught by a certified childbirth educator and shall have
43 access to education videos and materials.

44 The prenatal case manager shall provide access to the department
45 of social services and/or designated infant/child caretakers as well as
46 the support necessary to develop a custody plan for the newborn
47 after delivery. This includes telephone calls to check on the well-
48 being of the infant after the mother returns to prison.

49 The department of correction shall provide qualified screening for
50 postpartum depression and psychosis.

51 Pregnant and postpartum inmates shall have access to mental
52 health/HIV/hepatitis counseling, including screening and counseling
53 for depression.

54 The department of correction shall use alternate transportation
55 and restraints with pregnant inmates. Pregnant inmates beyond the
56 first trimester shall not be shackled during transportation. Waist
57 chains shall not be used and pregnant inmates shall be handcuffed
58 only in the front. Pregnant inmates shall be transported in vehicles
59 with front facing car seats, seat belts, and shoulder harnesses. Preg-
60 nant inmates shall not be cuffed to exam tables or labor beds during
61 medical examinations and labor and delivery.

62 The Perinatal Case Manager shall provide discharge planning to
63 assure safety and continuity of care for pregnant inmates, with par-
64 ticular attention to access to uninterrupted daily Methadone dosing
65 for those pregnant inmates titrated on Methadone for the protection
66 of the unborn child, and for any other high medical issues.

67 In order to assure the adequate provision of these critical services
68 to pregnant and postpartum inmates, on site monitoring and evalua-
69 tion, including interviews with inmates, shall be provided by the
70 department of public health.

71 The department of correction shall provide adequate funding to
72 assure the continuity of these services as well as to assure the pur-
73 chase of supplies and educational materials necessary for the pro-
74 gram to function well.